

ORANGE COUNTY SANITATION DISTRICT RENEWAL APPLICATION FOR CLASS I WASTEWATER DISCHARGE PERMIT



Instructions

Version 5.0 or greater of Acrobat, Acrobat Approval, or Acrobat Reader must be used or else a blank form will be the result. Click on "Help, About" to confirm your version. Acrobat Reader is in the \instal directory on this CD. From the Main Menu, please click on "using this program", then "using the permit renewal application writer", and read "no save capability" prior to using this form.

For the Orange County Sanitation District (District) to process and issue a Class I Wastewater Discharge Permit, the applicant must comply with all of the following:

- ▶ The Permit Renewal Application Form must be filled out completely. The District **will not** process incomplete submittals, and your application will be returned if there is any missing information. **Do not leave blanks. Please write "N/A" if the information being requested does not apply.**
- ▶ The Permit Renewal Application must be signed by the Responsible Officer or Designated Signatory, as defined on pages 6 and 7. The District will return your permit application if it is not signed by the proper company official.
- ▶ The permit fee must be remitted at the time the permit renewal application is submitted. Your remittance must be sent directly to the District's Accounting Department; **and, a photocopy of the check must be submitted with the Permit Renewal Application** to the Source Control Division. An application received without this documentation will be returned.

Please refer to Section A of the information brochure for detailed instructions for completing this Application Form.

Ownership Information

Tab through and mouse over letters A-Z for help completing each line

A	Applicant	TIODIZE CO., INC.		11-1-132	
		Complete Legal Company Name		Permit No.	
B	Mailing Address	5858 Engineer Drive	Huntington Beach	CA	92649
		Street	City	State	Zip Code
C	Sewer Service Address	15701 Industry Lane	Huntington Beach	CA	92649
		Street	City	State	Zip Code
D	Phone Number	(714) 898-4377	Fax Number	(714) 891-7467	
E	Company Website (if any):	http:// www.tiodize.com			
F	Is your business a <input checked="" type="radio"/> corporation? <input type="radio"/> partnership? <input type="radio"/> sole proprietorship? <input type="radio"/> Limited Liability Corporation?				
	List all Principals/Owners/Major Shareholders of the business. This must include the Responsible Officer or equivalent.				
	Name and Title	Thomaas R. Adams, Preisident			
	Address	5858 Engineer Drive, H.B., CA 92649			
	Name and Title				
	Address				
	Name and Title				
	Address				
	For corporations only:	1967	California	95-2542344	
		Year of Incorporation	State of Incorporation	Corporate Identification Number	
G	Are you the <input type="radio"/> landowner? or <input checked="" type="radio"/> lessee? If a lessee, include the name, address, and telephone number of the property owner and/or the manager of the property: Check one: <input checked="" type="radio"/> Owner <input type="radio"/> Manager				
	Name	Thomas R. Adams			
	Address	5858 Engineer Drive, H.B. CA 9264			
	Phone	(714) 898-4377			

Manufacturing Process Information

H Description of all manufacturing processes and/or service activities on the premises, wet or dry. Please identify and describe the processes which generate wastewater in more detail. (Use additional sheets if necessary.)

Anodizing
Chem Film
Passivation
Phosphate Fluoride
Soap Cleaning

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2007 MAR 25 10 10 47

OCSD
MAIL ROOM

I Description and average quantity of raw materials used or handled: (Use additional sheets if necessary.)

Sulfuric Acid	1.0 gal/day
Sodium Dichromate	0.1 lb/day
Alkaline Cleaner	4.0 lbs/day
Alkaline Etch	4.0 lbs./day
Deoxidizer	1.0 gal/day

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2007 MAR 25 10 10 47

J Description of products manufactured or produced as a result of services performed: (Use additional sheets if necessary.)

Metal Finishing service activity
Anodic Coating

K Average Daily Production: 6,000 pieces per day

L North American Industry Classification System (NAICS) Code (this code replaced the discontinued SIC Code):

Primary NAICS Code: 332813 Secondary NAICS Code(s): 332813

Operations Information

M Operating Schedule:

Number of shifts per work day: 1 Number of work days per week: 5 Number of production days per year: 260

Average number of employees per shift: 1st: 36 2nd: 0 3rd: 0 Total: 36

Production hours per shift: 1st: 8 2nd: 0 3rd: 0 Total: 8

Discharge hours per shift: 1st: 8 2nd: 0 3rd: 0 Total: 8

N When did you start operating at this facility? Month: April Year: 1975

O For Industries involved in Surface/Metal Finishing (plating, anodizing, phosphating, etching, PCB manufacturing, etc):
Do you own more than 50% (area basis) of the materials undergoing production? ☐ N/A ☐ Yes ☒ No

P Have you made any additions or modifications to the manufacturing process during the past two years? ☐ Yes ☒ No
If the answer is "Yes", you must submit updated Manufacturing Process Layout, Manufacturing Process Flow Diagram, and Spill Containment Drawings and Information with this application.
Please describe briefly the process changes during the last permit period:

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MAY 25 11 10 AM '75
MAIL ROOM
OCSU

Information on Treatment of Industrial Waste/Wastewater

Q Is any form of waste/wastewater treatment practiced at this facility? ☒ Yes ☐ No

If the answer is "Yes", provide the following information by checking the appropriate boxes:

- Mode of Operation: ☒ Continuous ☐ Batch ☐ Both
- Pretreatment Units Used:

<input type="checkbox"/> Hydroxide Precipitation	<input checked="" type="checkbox"/> Filter Press	<input type="checkbox"/> Cross-Flow Filtration (e.g., Memtek)
<input checked="" type="checkbox"/> Hexavalent Chrome Reduction	<input type="checkbox"/> Final Polishing Filter	<input type="checkbox"/> Sorption Filter (e.g., Lancy)
<input type="checkbox"/> Cyanide Destruction	<input type="checkbox"/> Spent Chemical Treatment Unit	<input type="checkbox"/> Aluminum Chip
<input type="checkbox"/> Equalization	<input type="checkbox"/> Below-ground Clarifier	<input type="checkbox"/> Ozone Treatment Reactor
<input checked="" type="checkbox"/> pH Adjustment	<input type="checkbox"/> Ion Exchange	<input checked="" type="checkbox"/> Clarifier/Lamella Settling
<input type="checkbox"/> Electrowinning/Plate-out Units	<input checked="" type="checkbox"/> Other <u>Complexed metal precipitation; Filter cake sludge drying</u>	

R How are spent chemicals handled? Specify the method for "Other."

- ☒ Wastehauled offsite ☐ Batch treated onsite ☐ Discharged to sewer without treatment
☒ Other Spent acids and caustics used as pH adjuster; Spent nickel soln. metered into treatment sys

S Wastewater Operator/Maintenance Information:

Number of wastewater pretreatment operators at your facility: 1st shift 1 2nd shift 3rd shift

Operator Name	Qualification (Please check)						
	None	Wastewater Treatment Operator with CWEA Certification			AA Science with min 2 semesters in Chemistry	BS Chemical or Environmental Engineering	BS in other Engineering or Science
		Grade 1	Grade 2	Grade 3/4			
Felix Dela Cruz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an Operation and Maintenance Manual or procedures for the entire wastewater treatment system? ☒ Yes ☐ No

Information for Determining Volume of Wastewater Discharge and User Charges

T Assessor Parcel Number(s) as shown on property tax bill: 145-473-09

If a Lessee, please indicate:

- (a) percentage of property tax bill paid to landowner: n/a %
- (b) percentage of water bill paid to landowner: n/a %
- (c) square footage of leased space: n/a Sq. Foot
- (d) whether your facility is a part of a commercial/industrial complex: ☐ Yes ☒ No

V Water Supplier: City of Huntington Beach

Water Account Number(s): 0909470

Other Sources of Water Supply: ☐ onsite wells ☐ groundwater remediation ☐ others

W Water Measurement Information:

List all water meters at your facility. **Complete Attachment A in accordance with instructions.**

From the incoming meter(s) identified on Attachment A, check which following water measurement strategy is used:

- ☒ City water meter(s) only ☐ Process meter(s) only ☐ Shop meter(s) only ☐ Both city meter and process meters

The meter(s) checked above measure:

- ☒ Only the incoming water going to the applicant's facility.
- ☐ The incoming water to the applicant's facility and for other companies adjacent.

Does your facility use an effluent meter to measure the industrial wastewater discharge? ☐ Yes ☒ No

If so, does the effluent meter measure only the industrial wastewater discharged to the sewer from the facility (excluding sanitary, boiler blowdown, cooling tower bleed off, and R.O. reject)? ☐ Yes ☐ No

If your facility uses a final effluent meter, skip to Line Y

X In order to determine mass emission rates and user charges, the actual volume of water discharged to the sewer must be calculated. **For facilities that do not have effluent meters**, this is done by determining the volume of incoming water, as indicated by the city water meter, and then applying appropriate deductions for water losses. If losses cannot be quantified, the District will apply water losses equivalent to 5% of the incoming water. It is to your advantage to determine and quantify these losses if your facility has water losses more than 5%. Please check the appropriate box below:

- ☒ Apply 5% loss ☐ Use calculated loss

If calculated loss is indicated, determine all applicable losses using the worksheet provided in **Attachment B** and summarize results in the table below. The worksheet and supporting documentation must be submitted for these losses to be applied.

Item	Average Daily Water Losses	Gal/day	Loss is applicable to	
			City Meter(s)	Process Meter
I	Landscape / Irrigation losses		<input type="checkbox"/>	<input type="checkbox"/>
II	Boiler losses for steam condensate not returned to boiler		<input type="checkbox"/>	<input type="checkbox"/>
III	Cooling tower water evaporation		<input type="checkbox"/>	<input type="checkbox"/>
IV	Product losses		<input type="checkbox"/>	<input type="checkbox"/>
V	Other losses		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Total Losses		0	Check the above if applicable.	

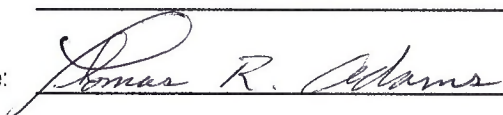
Certification for Accuracy of Information

I have personally examined and am familiar with the information submitted in this application and required attachments, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I also authorize the District to verify all information provided, including the water account/usage information from the water supplier, facility lease contracts, and other pertinent information.

I certify that upon issuance of the permit, that this firm's operation and its resultant wastewater discharge will achieve consistent compliance with the District's Ordinance and applicable Federal wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify manufacturing equipment, limit production, limit industrial waste discharge, install wastewater pretreatment equipment, or do whatever is legally necessary to meet discharge requirements.

Y Responsible Officer/Designated Signatory (as specified on pages 6 and 7):

Name: Thomas R. Adams

Signature: 

Title: President

Date: 3/8/13

Email: tom.adams@tiodize.com

Z Name of the person to contact concerning information provided in this application:

☒ Same as above

Name: _____

Address: _____

Title: _____

Phone: _____

Email: _____

THIS IS MANDATORY.
Complete and return this form.

Certification of Responsible Officer

I, the undersigned, do hereby certify that I meet the definition of a Responsible Officer, as outlined below:

A responsible officer is defined as found in 40 CFR 403.12 (l)(1)(i):

1. For a Corporation:
 - a. A President, Secretary, Treasurer or Vice President in charge of a principle business function or any other person who performs similar policy or decision making functions for the corporation, or
 - b. The manager of one or more manufacturing, production, or operating facilities provided the manager is authorized to assure long term environmental compliance with environmental laws and regulations, and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. For partnership or sole proprietorship; a general partner or proprietor, respectively.
3. For a public agency; a general manager, department manager, or a supervisor of a public agency who performs policy or decision making functions for the public agency.

I accept the responsibility for the overall operation of the facility and/or overall responsibility for compliance with all regulatory requirements for the facility from which the wastewater discharge originates.

Name of Responsible Officer Thomas R. Adams

(Please Print or Type)

Signature

Thomas R. Adams

Date

3/8/13

Title

President

E-mail address

tom.adams@tiodize.com

Company Name

Tiodize Co., Inc.

Permit No.

11-1-132

NOTE: All correspondence regarding permit, enforcement, and self-monitoring issues (e.g., Self-Monitoring Forms and Reminder Letters, Notices of Violations, Permit Application, etc.) shall be sent to the Responsible Officer or to the Designated Signatory if properly authorized. If there is a change in the Responsible Officer or Designated Signatory in the future, the Districts must be notified in writing and the appropriate form must be submitted.

THIS IS OPTIONAL.
Submit this form only if the Responsible Officer wants to designate a Signatory.

Option to Designate Signatory

This is to authorize the individual whose name and title appear below,

Gary Wittman

R&D Director

Designated Signatory's Name

Title

to be the designated individual responsible for wastewater discharges who can be served with notices, and who is the Designated Signatory on my behalf for purposes of signing all reports. This individual has the responsibility for the overall operation of the facility and/or overall responsibility for compliance with all regulatory requirements for this facility from which the wastewater discharge originates. I understand that if, in the future, this information is no longer correct, the District will be notified in writing to terminate designation of the above-named individual and to establish a new signatory.

Name of Responsible Officer Thomas R. Adams

Signature

Thomas R. Adams

Title

President

Date

3/8/13

Company Name Tiodize Co., Inc.

Permit No. 11-1-132

A designated signatory is defined as found in 40 CFR 403.12 (l)(3)(ii):

1. An individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company, and;
2. Written authorization is submitted to the Source Control Permit Supervisor at the Orange County Sanitation Districts, and;
3. Written authorization must be submitted by a responsible corporate officer such as a President, Secretary, Treasurer, or Vice-President of the corporation in charge of a principal business function or any other person who performs similar decision-making functions for the corporation.

I accept the responsibility for the overall operation of the facility and/or overall responsibility for compliance with all regulatory requirements for this facility from which the wastewater discharge originates. I understand that it is my responsibility to keep the Responsible Officer informed at all times regarding all permit and enforcement issues.

Name of Designated Signatory Gary Wittman

Signature

Gary Wittman

Date

3-8-13

Title

R&D Director

E-mail address

gary.wittman@tiodize.com

All correspondence regarding all permit and enforcement issues shall be sent to the Designated Signatory. It is the Designated Signatory's responsibility to keep the Responsible Officer informed at all times regarding all permit and enforcement issues. The Responsible Officer remains legally responsible for all wastewater discharge to the sewer from this facility and for ensuring that he is duly informed by the Designated Signatory.

ATTACHMENT A

ONSITE WATER METER INFORMATION

REQUIRED INFORMATION: Complete the ONSITE WATER METER table for all water meters at your facility.

Meter Type	Digits										Fixed Zeros	Tenths	Units	Multiplier	Location	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent				1	2	3	0	5	3	6			.5	<input checked="" type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	Industry Lane curbside, front yard of building.
<input checked="" type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent				1	2	6	2	0	6				.34	<input checked="" type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	Industry Lane curbside, front yard of building.
<input type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent													.	<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	
<input type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent													.	<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	
<input type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent													.	<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	
<input type="checkbox"/> City <input type="checkbox"/> Process <input type="checkbox"/> Shop <input type="checkbox"/> Effluent													.	<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Gallons	<input type="checkbox"/> X 10 <input type="checkbox"/> X 100	

INSTRUCTIONS

STEP 1. Please identify for each Onsite Water Meter at your facility.

- Meter type** - Use the following descriptions to characterize your meter type(s).
 The **City Meter** is typically found outside at all buildings. This meter type, maintained by the water purveyor (city or local agency), is used to measure incoming water for potable, sanitary, landscaping, and industrial uses. The readings from these meters are used to determine the charges on the monthly or bi-monthly water bills. The **Process Meter** is located downstream of all drinking, sanitary, and landscaping uses. Process meters are typically installed to determine water usage to specific industrial processes. The **Effluent Meter** records the actual volume of wastewater discharged by the facility and is typically located at the discharge point near the designated sample point. The O.C. Sanitation District may require an effluent meter to determine daily flows for compliance verification, and/or to establish accurate sewerage service charges. The **Shop Meter** is often found in a multi-occupancy industrial strip that does not have individual city meters for each suite. Landlords who do not want to pay the water bill for a significant water user often install a meter on the outside of the shop. It is distinguished from the process meter in that it also meters the potable and sanitary flow, like a city meter. The water purveyor does not bill the user directly for water usage metered by a shop meter. The landlord will frequently bill the renter directly, based upon the shop meter volumes.
- Digits/Fixed Zeros/Tenths** - Use the Digits, Fixed Zeros, and Tenths columns to record the current meter reading. Include the beginning digits, even if they are zero, as well as, the fixed zeros, or tenths designated by the arrow sweep. **Please visually read each meter. Do not provide values or volumes from the water bills.**
 Use the following the guidelines for Fixed Zeros and Tenths to provide assistance with reading and recording the information for several common meter variations. **Fixed Zeros** - On many water meter models the sweeping arrow records numerical units that are designated by the fixed zeros on the totalizer read-out. Use the three shaded columns designated Fixed Zeros to indicate that the meter's arrow sweep records single (0 - 9) digit, double (10 - 90) digit, or triple (100 - 900) digit values. **Tenths** - On many water meter models the dial numbers (selected by the arrow sweep), or the last digit of a totalizer read-out designates tenths of a gallon. Use the tenths column (implied by the decimal point) to indicate the meter records tenths of a gallon.
- Units/Multiplier** - Indicate the meter units, Cubic Feet (Cu. Ft.) or Gallons. If applicable, indicate the multiplier factor (x 10 or x 100). **Do not confuse this with the typical billing unit (100 CF) on the monthly water bill.**
Units - Most water meters register the volume of water in either cubic feet or gallons. Please indicate if your meter uses a different unit of measurement such as barrels, cubic meters, or acre feet. **Multiplier** - Occasionally the meter dial will indicate that a multiplier (X 10 or X 100) must be applied to the totalizer reading (this feature is more common on electronic flow instruments). Please indicate different multiplier factors as applicable.
- Location** - Briefly describe the location of each meter.
 Descriptive terms and location references such as curbside, street vault, north side of building, inside the process area, adjacent to the driveway, on the east wall, etc., will all help our field staff verify the information by establishing vital reference points.

STEP 2. Attach a copy of the latest water bill for each city meter identified.

ATTACHMENT B**ITEMIZED CALCULATION OF WATER LOSSES**

Losses refer to the incoming water used that does not go to the sewer. This includes water used for landscaping/irrigation, water evaporated from cooling towers, water evaporated from boilers in which condensate is not returned to the boiler, water evaporated from heated tanks or processes, wash water going to the storm drain, water actually added to your product, or any other processes where water does not go to the sewer. Calculate the losses as shown below:

I. LANDSCAPE/IRRIGATION LOSSES

Square Footage of Landscaped Area (ft ²)	x	Loss Factor 25 gal/sq. ft./yr.	÷	Number of Days per Year	=	Landscape Losses gal/day
	x	25	÷	365	=	

II. BOILER LOSSES FROM STEAM CONDENSATE NOT RETURNED TO BOILER

Boiler Horsepower based on 80% of boiler rating	x	Loss Factor 3.6 gal/hr/hp	x	No. of Operating hours/day	=	Boiler Losses gal/day
	x	3.6	x		=	

III. WATER EVAPORATION LOSSES FROM COOLING TOWERS

Tonnage hundred design tons	x	Loss Factor 2.5 gal/min/100 design tons	x	Number of Operating hours/day	x	Conversion Factor 60 min/hr	=	Cooling Tower Losses gal/day
	x	2.5	x		x	60	=	

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ATTACHMENT B

ITEMIZED CALCULATION OF WATER LOSSES

(Continuation)

IV. WATER INTO PRODUCT (Please show calculations and submit back-up documentation.)

V. OTHER LOSSES (Please show calculations and submit back-up documentation.)

**ORANGE COUNTY SANITATION DISTRICT
CLASS I PERMIT APPLICATION PACKAGE CHECKLIST**

SUBMITTED

- ☒ PERMIT APPLICATION
- ☒ PERMIT FEE REMITTANCE (\$1,570.00)

INFORMATION AND DRAWINGS REQUIREMENTS:

- ☐ I. Plot Plan
- ☐ II. Manufacturing Process Layout
- ☐ III. Manufacturing Process Flow Diagram
- ☐ IV. Pollutant Source Identification
 - ☐ A. Wet Process Waste/wastewater Flow Diagram
 - ☐ B. Waste/wastewater Characterization Report
- ☐ V. Pretreatment System Drawings
 - ☐ A. Pretreatment System Location Drawings and Layout
 - ☐ B. Pretreatment System Process Flow and Instrumentation Diagram
- ☐ VI. Effluent Meter Calibration Report
- ☐ VII. Spill Containment Drawing and Information
- ☒ Other: Latest water bills for each city meter identified.

The items checked above were submitted.



Thomas R. Adams

Applicant Signature

3/8/13

Date

Note: This checklist must be submitted with the Class I Permit Application.

Sources of Waste/Wastewater and Destination

Ctrl #	Tank ID	Tank Name	Pollutants							Rinse Strategy							Group Destination																		
			Process	Hexavalent	Cyanide	General Heavy	Electroless Copper	Electroless Nickel	Conventional	Other	None	Running	Counter Current	Spray	Static	Recycle	Controller	None	Other	Cr f/b HM CTS	CN f/b HM CTS	CTS- Chrome	CTS- Cyanide	CTS - HM	Batch Treatment	Wastehauled Offsite	Discharged to SP	Replenish	Return to Process	pH Adjust Only	I.X.System	Electrowinning	Other	Bled to CTS	
1	1	hard anodize type III (H2SO4)	✓			✓												✓		✓															
2	2	sulfuric anodize type II	✓																																
3	3	D.I. water seal	✓																																
4	4	hot D.I. rinse	✓										✓																						
5	5	dichromate seal	✓																																
6	6	running rinse	✓																																
7	7	nickel seal	✓																																
8	8/9	countercurrent rinse	✓										3																						
9	10	aluminum etch	✓																																
10	12	acid deoxidizer	✓																																
11	13	chem film	✓																																
12	14	dye	✓																																
13	15	running rinse	✓										✓																						
14	16	black dye	✓																																
15	17	blue dye	✓																																
16	18	dye	✓																																
17	19	aviatop alkaline cleaner	✓																																
18	20	HTC alkaline cleaner	✓																																
19	22/21	countercurrent rinse (H2SO4)	✓																																
20	23	phosphoric acid	✓										2																						
21	24	hot D.I. rinse	✓											✓																					
22	25	passivation type VI	✓																																
23	26	passivation type II	✓																																
24	27	chromate treatment	✓																																

NO CHANGES

Titanium acceptable for discussion purposes only.														
25	28	✓	titanium anodize	✓	✓									
26	29	✓	titanium anodize	✓	✓								✓	
27	30	✓	titanium etch etch	✓	✓								✓	
28	32	✓	phosphate fluoride	✓	✓								✓	
29	33	✓	titanium etch	✓	✓								✓	
30	34	✓	titanium etch	✓	✓								✓	
31	35/36	✓	alkaline degreaser	✓	✓									
32	40	✓	green dye	✓	✓								✓	
33	37	✓	dragout rinse	✓	✓				✓					
34	39	✓	red dye	✓	✓									✓
35	51	✓	fluorescent penetrant	✓	✓								✓	
36	53	✓	penetrant spray rinse	✓	✓				✓				✓	

None.

6/19/13 inspection w/ MTH.

9/11 Inspection on 11/11.
 Frank #8, #9 - new - conference + new -

new fibres.

the
Park # 6-9 11 - Confers current

two cylindrical dye tanks appear fairly new

Draft

2 new degreaser tanks (35, 36)
Aluminum stripper tank



TIODIZE CO., INC.
5858 ENGINEER DRIVE
HUNTINGTON BEACH, CALIFORNIA 92649
(714) 898-4377

Bank of America
Springdale - Edinger
5812 Edinger Ave.
Huntington Beach, CA
714-973-8495



16-66/1220
961

015926

PAY EXACTLY *****1570 DOLLARS AND 00 CENTS

CHECK NO. 0015926

DATE 03/08/13

DOLLARS *****1,570.00**

TO THE ORDER
OF ORANGE COUNTY SANITATION
10844 ELLIS AVE.
FOUNTAIN VALLEY, CA
92708-7018 PRMT#11-1-32

⑈015926⑈ ⑆122000661⑆ 09615⑈08713⑈

VENDOR NO.
00-0125

VENDOR NAME
ORANGE COUNTY SANIT

03/08/13

CHECK NO.
0015926 015926

INVOICE DATE	INVOICE NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID	COMMENTS
03/01/13	47289	1570.00	.00	1570.00	PERMIT 11-1-132
TODIZE CO., INC. HUNTINGTON BEACH, CA 92649			TOTALS	.00	1570.00

VENDOR NO.
00-0125

VENDOR NAME
ORANGE COUNTY SANIT

03/08/13

CHECK NO.
0015926 015926

INVOICE DATE	INVOICE NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID	COMMENTS
03/01/13	47289	1570.00	.00	1570.00	PERMIT 11-1-132
TODIZE CO., INC. HUNTINGTON BEACH, CA 92649			TOTALS	.00	1570.00

RECEIVED
MAR 25 10 10 47
OCSU
MAIL ROOM



Orange County Sanitation District

10844 Ellis Avenue
Fountain Valley, California 92708-7018
PHONE: (714) 962-2411
FAX: (714) 962-3954

Tiodize Co.
5858 Engineer Drive
Huntington Beach CA 92649

#125
G/L sold

Invoice Date:	03/01/13
Invoice No.:	47289
Due Date:	Upon Receipt
Account No.:	18016

ORIGINAL INVOICE

DATE	INVOICE NUMBER	DUE DATE	DESCRIPTION	AMOUNT
03/01/13	47289	04/15/13	Permit Renewal Fee #11-1-132	1,570.00
			<p style="text-align: right;">OCSU MAIL ROOM MAR 25 AM 10:47</p> <p style="text-align: center;">RECEIVED</p> <p>** 10% Penalty plus interest applies if ** ** unpaid 45 days after date of invoice.**</p> <p style="text-align: right;"><i>Mw 3/5/13</i></p>	
			Total Amount Now Due	1,570.00